

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10/603892

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP								
1	1		1				51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
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42							92							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1		1											
TOTAL DEP.		5		7										
TOTAL CLAIMS	6		8											

BEST AVAILABLE COPY